

**TN**



**TENNESSEE DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH CARE FACILITIES  
425 FIFTH AVENUE NORTH, CORDELL HULL BUILDING  
NASHVILLE, TENNESSEE 37247-0508  
TELEPHONE (615) 741-7221  
FAX (615) 253-4356**

## UNUSUAL EVENT REPORT

Facility Name: \_\_\_\_\_ License No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Patient Information: Age: \_\_\_\_\_ Sex: M ☐ F ☐ Race: ☐ 1 – American Indian or Alaska Native ☐ 5 – Native Hawaiian or Pacific Islander  
☐ 2 – Asian ☐ 6 – White  
☐ 3 – Black or African-American ☐ UK - Unknown  
☐ 4 – Hispanic or Latino

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Occurrence Code:    MR# \_\_\_\_\_  
 \_\_\_\_\_

(Diagnosis) \_\_\_\_\_ (Procedure) \_\_\_\_\_

Brief Summary of Incident (50 words or less): \_\_\_\_\_

Report Date: \_\_\_\_\_ Reporter: \_\_\_\_\_

PH-Pending

RDA-Pending